

# LETTERS TO THE EDITOR



## Soft Drinks in Schools

Marion Nestle's excellent article highlights the outrageous practice of "pouring rights" contracts that give soft drink companies exclusive rights to sell their products in specific schools or school districts. Coca-Cola and Pepsi are fiercely competing to sign up as many schools as they can, and many of our public schools appear willing to sell out to the highest bidder. However, this is more than just a question of money. This practice affects the health of our children.

Pouring rights contracts influence not only what children drink, but also what they eat in school. As Dr. Nestle points out, students who have access to soft drinks in school are less likely to eat the school lunch. This should concern public health professionals and educators because students need the nutrients provided in a balanced school lunch, and they are learning lifelong eating habits.

Dr. Nestle is correct that contracts such as these undermine efforts to establish government funding for public education, but they are the inevitable response to decades of inadequate funding for schools. Twenty-five years ago, New York City was in a deep fiscal crisis and all "non-educational" activities such as music, art, and sports—and even funding for librarians—were eliminated. Principals were forced to beg parents for donations, they asked schoolchildren to sell candy and other items, and they generally welcomed any other sources of funding for school sports and extracurricular activities. This eased the pressure on the city budget and, unfortunately, has become institutionalized as a way of meeting school needs today. The best money-raisers are sales of junk food—soda, candy, chips, etc. Schools take in more money from these sales than from any other fundraising activity, and they won't give them up easily, particularly as education

budgets still do not meet the needs of schools, despite surpluses in the city's coffers.

I visit New York City's public schools regularly, and I am always horrified at what I see children eating for lunch. Almost all schools above the elementary level sell some type of junk food through cafeteria vending machines or school stores, and many students purchase these foods daily rather than eat the five-course lunch that the majority of them are entitled to get free.

I am convinced that the only way to control the commercial invasion of our schools is through legislation or regulation. Public health professionals and educators should encourage and support government efforts to limit sales of food that compete with school meals. And all of us should work to increase funding for education so that schools don't have to go begging.

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## Bioterrorism "Preparedness": Dual Use or Poor Excuse?

In their Viewpoint in the July/August 2000 issue of *Public Health Reports*, M. R. Fraser and D. L. Brown express concerns about the risk of bioterrorism and the adequacy of bioterrorism preparedness.<sup>1</sup> They are not alone. Bioterrorism appears regularly on public health conference agendas, government advisories, and lists of health care challenges. The US federal budget for fiscal year 2000 allocated more than \$10 billion to counter terrorism, including more than \$1.5 billion specifically for bioterrorism.<sup>2</sup> Enormous attention in the media as well as medical and health journals reflects, and perhaps amplifies, widespread concern. But is this concern justified?

Fraser and Brown list a number of potential threats to public health: food inadvertently contaminated with hepatitis A virus; a large outbreak of influenza; water pollution caused by floods; "the willful contamination of food products with *Salmonella*"; and a "terrorist's release of aerosolized *Bacillus anthracis* (anthrax) in a city center."<sup>1</sup> This list mixes fact and fiction and requires closer attention. Virus contamination, flu outbreaks, and water pollution are three of many public health problems that actually occur in the US every year and claim hundreds or even thousands of lives. In contrast, willful *Salmonella*

contamination is not a common problem. Rather, mention of this potential threat is a veiled reference to the only documented bioterrorist episode ever to take place in the US—a solitary incident in Oregon in 1984 that caused 751 mild illnesses and no deaths.<sup>3</sup> Inclusion of an anthrax incident is even more misleading since it is totally fictional. No such incidents have occurred, and the likelihood of one occurring is remote. Militarized anthrax spores are so difficult to manufacture that only a handful of countries with large military-industrial establishments (including the US and the former Soviet Union) have ever developed the capacity. It is highly unlikely that military establishments with any hypothetical stockpiles would share these with terrorist organizations outside their control. Anthrax spores are difficult and dangerous to handle, and would-be users may be more likely to hurt themselves than others.<sup>4</sup> Despite numerous fictional scenarios, hoaxes, and false scare stories about anthrax being readily available through the Internet, the fact remains that there has never been a confirmed use of anthrax spores, anywhere, by anyone, in a military or terrorist attack.

Proponents of bioterrorism preparedness must rely on fictional scenarios since real cases of terrorism using biological or chemical agents have been so exceedingly rare. In addition to the aforementioned Oregon incident involving a biological agent, there have been only two recent documented episodes of terrorism using a chemical agent—both carried out by the Aum Shinrikyo cult in Japan using sarin nerve gas in 1994–1995, resulting in a total of 19 fatalities.<sup>5</sup>

Can three incidents in almost 20 years with a total of 19 deaths constitute a major threat to public health? Compare those numbers to the real challenges our health system faces. In the United States alone, an estimated 76 million illnesses from foodborne disease occur each year, resulting in 325,000 hospitalizations and 5,000 deaths.<sup>6</sup> Each year in the US there are approximately 60,000 chemical spills, leaks, and explosions, of which about 8,000 are considered “serious,” resulting in about 300–400 deaths.<sup>7</sup> Despite these staggering numbers, neither foodborne disease nor chemical spills has received a fraction of the publicity and attention given to bioterrorism.

Fraser and Brown argue that funding bioterrorism preparedness programs “...should allow for the development of a *dual-use* response infrastructure that improves the capacity of local public health agencies to respond to *all hazards*....”<sup>1</sup> They further state that “using bioterrorism initiatives to build the capacity of local public health systems is an efficient and effective use of limited public health resources.”<sup>1</sup>

A recent analysis of bioterrorism preparedness spending reveals that of the \$1.5 billion allocated

specifically for bioterrorism, \$222 million (15%) has gone to programs that could be included in Fraser and Brown’s concept of dual use—building the public health infrastructure for all hazards.<sup>8</sup> The rest has been spent on what could be called “dual-useless” items such as military and police exercises. Can a 15% allocation to public health be considered an efficient use of limited funds?

Wasted resources are not the only problem. In the last several years the US Department of Defense has tried to vaccinate all active duty personnel with an anthrax vaccine. The vaccine has never been proved useful against the weaponized spore form of inhalation anthrax, and many soldiers have complained of adverse reactions from the vaccine. The manufacturer (a for-profit concern) was plagued with safety problems and tainted by a potential conflict of interest (a former Joint Chiefs of Staff head is a principal stockholder).<sup>9</sup>

While the military is spending millions to manufacture an unproven and potentially unsafe anthrax vaccine, and millions of doses of smallpox vaccine are being produced to protect against an eradicated disease, the supply of influenza vaccine is not secure.<sup>10</sup> Annually, even without a vaccine shortage, there are approximately 20,000 deaths and 110,000 hospitalizations in the US directly or indirectly related to influenza.<sup>11</sup>

Such upside-down priorities are not coincidental. Viewing public health challenges through the lens of bioterrorism necessarily distorts the picture. Fraser and Brown note that “the idea of working with the National Guard, the Department of Defense, and other military groups may seem foreign to many public health practitioners.”<sup>1</sup> This is understandable since the track record of the military on public health concerns has been abysmal.<sup>12</sup> Public health advocates have long been in a (losing) competition with the military for funding.

Is “dual use” simply a euphemism for “trickle down”? Have public health advocates given up hope of ever overcoming the unequal funding competition, now believing that the only answer is to attach real public health needs as a caboose to the military-spending gravy train?

It is perhaps possible to interpret the 85% waste in bioterrorism funds as a 15% gain for public health. The approach may seem pragmatic, if not overly optimistic. However, subordinating public health needs to what is essentially a military and law-enforcement agenda comes with many risks and a heavy price.

Public health planners collect incidence and prevalence data in order to set priorities. Designing preparedness programs for unlikely bioterrorism events is at best wasteful. Manufacturing the wrong vaccines and stockpiling the wrong medicines may have far-reaching opportunity costs. Research and development on potential bioterrorism agents increases the risk of deadly accidents with these agents. Worse, other countries may not

believe Pentagon assurances that its biological and chemical agent research programs are defensive only, and may begin or accelerate their own programs as a deterrent—engendering a new arms race in deadly pathogens and toxins. Space does not permit a full explanation of these and other risks, which we have discussed in detail elsewhere.<sup>13,14</sup>

Public health educators and practitioners should be especially concerned that bioterrorism programs could prove a disaster by miseducating the public as to the real threats to public health. Do we really want members of the public to be anxiously looking under their beds for terrorists while corporate negligence creates havoc with unsafe food handling, misuse of antibiotics, industrial accidents, and pollution? Will xenophobia and anti-immigrant hysteria, exacerbated by bioterrorism scare stories, stop mosquitoes at the border? Even simple measures such as teaching children to wash their hands and adults to handle food properly would prevent more infections and save more lives than a thousand bioterrorism drills. Perhaps the \$10 billion allocated to anti-terrorist programs for this year could be better used to provide clean water and sanitation to all who lack these basics. According to a recent report from the United Nations, \$10 billion for safe water could cut by up to one third the current 4 billion diarrhea cases worldwide that result in 2.2 million annual deaths.<sup>15</sup>

The end of the Cold War was supposed to open the way for a peace dividend for public health, among other needs. The dividend never materialized, and the public health infrastructure has continued to suffer from neglect. One must ask if bioterrorism preparedness is just an excuse—a plausible threat—to justify excessive military budgets, including an estimated \$4.5 billion per year for the continued development of nuclear weapons.

Brown and Fraser note with concern that “only 5% of local public health agency directors that were surveyed reported that all appropriate members of their staff had received comprehensive bioterrorism training.”<sup>1</sup> Perhaps these overworked and underfunded staff members are too busy dealing with real public health problems to indulge in training drills to search for and destroy phantoms.

Let's get our priorities straight and work to build national and international public health systems that can adequately handle the daily health crises we already face or are likely to face in the future. Funding public health by means of “dual-use” bioterrorism programs may prove to be a misguided stratagem that interferes with building urgently needed public health capacity.

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